

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22143**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 10 1945 274

Primary Registration District No. **4408**

Registrar's No. **185**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Smithton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **55 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John G. Lujin**
3. (b) If veteran name war: _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Emelia Demand** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **7 - 9 - 1839**
(month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Stover Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business _____

12. Name **Joseph Henry Lujin**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Hirschvogel**

15. Birthplace **Vienna Austria-Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray R Lujin**

(b) Address **Smithton Mo**

17. (a) **Burial** (b) Date thereof **5-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton Cem**

18. (a) Signature of funeral director **A. F. Neumeyer**

(b) Address **Smithton Mo**

19. (a) **5-24-43** (b) **Anna Reger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **80**
(c) City or town **SMITHTON Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **May** day **22**
year **1943** hour **6** minute **0 a.**
21. I hereby certify that I attended the deceased from **Dec 15** to **May 22** 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chron. Myocarditis**
Hypertension
Chron. Inv. Nephritis

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **131a**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **E. C. Holtzner MD** (M. D. or other) **5/24/43**
Address **Smithton Mo** Date signed _____

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-2-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. F. Neuman

Licensed Embalmer No.

3912

P. O. Address

Smith St Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.